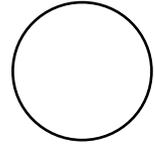




PERMISSION NUMBER
(filled by personnel)



1. RESEARCH

Name of research: _____

Name of the research permission (Desired abbreviation for ANITIME reservation system): _____

Ethics Committee issuing the supporting statement:

Aalto University University of Helsinki HUS Other: _____

Name of the applicant: _____

Short description of the research and its purpose (max 100 words): _____

Insurance against loss or damage: Aalto University Other: _____

2. IMPLEMENTATION OF RESEARCH

The research is for EDUCATIONAL PURPOSES (student courses)

Measurement time required for research (see rates from section 5. FINANCIAL OBLIGATION):

- AC (unshielded room) _____ hours
- DC (shielded room) _____ hours
- DAVE (A/V environment) _____ hours
- Hardy (Bigger room in Marsio) _____ hours
- Laurel (Smaller room in Marsio) _____ hours
- Thermal Camera _____ hours

Expiration date of the research permission in anitime (end date of the research and/or ethical statement): __/__/20__

3. RESEARCHER IN CHARGE / PRINCIPAL INVESTIGATOR / RESPONSIBLE TEACHER

Name: _____

Address: _____

Email-address: _____ Phone number: _____

Employer (School and department, if University): _____

I guarantee that all of the above is true and I commit to follow the *Operations instructions of Aalto Behavioral Laboratory* and all the effective laws and ethical guidelines while conducting this research. I ensure that all the members of the research team will follow them as well.

Date and place: _____ Signature: _____

4. RESERVATION CALENDAR (Members of the research team who can reserve times)

Name	Email	Phone number

5. FINANCIAL OBLIGATION (the amount in here will be made available in the reservation system)

Billing address (if Aalto, internal billing address): _____

Project number (Aalto) / Reference code: _____

The hour rate (VAT 0) for all users (The rates may vary annually)

- AC (unshielded room) 20€
- DC (shielded room) 40€
- DAVE (A/V environment) 30€
- Hardy 50€
- Laurel 35€
- Thermal Camera 10€

Measurement assistance service (on weekdays 9-16)

I agree to pay for the abovementioned research a total of: _____ € (VAT 0).

Name, signature, and contact information (phone, email) of the person responsible for the financial obligation:

Name: _____

Email: _____ Phone number: _____

Date and place: _____ Signature: _____

ACCEPTED ON BEHALF OF AALTO BEHAVIORAL LABORATORY

___/___/20___ _____ Director of Aalto NeuroImaging infrastructure, Veikko Jousmäki

___/___/20___ _____ Research Engineer of ABL, Veli-Matti Saarinen